



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Ryder Health Plan, Inc

NAIC Group Code 0000 (Current) (Prior) NAIC Company Code 95743 Employer's ID Number 66-0407821

Organized under the Laws of Puerto Rico, State of Domicile or Port of Entry _____

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 05/07/1984 Commenced Business 10/01/1984

Statutory Home Office 353 Font Martelo Ave. Suite 1, Humacao, PR, 00791
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 353 Font Martelo Ave. Suite 1
(Street and Number)
Humacao, PR, 00791 787-852-0846
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 353 Font Martelo Ave. Suite 1, Humacao, PR, 00791
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 353 Font Martelo Ave. Suite 1
(Street and Number)
Humacao, PR, 00791 787-852-0846
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.planryder.com

Statutory Statement Contact Yarlin M Rosa, 787-852-0846
(Name) (Area Code) (Telephone Number)
planryder@yahoo.com 787-850-4863
(E-mail Address) (FAX Number)

OFFICERS

Executive Director Jose R Feliciano

Administrative Director Juan L De La Rosa

OTHER

DIRECTORS OR TRUSTEES

<u>Edward Rivera</u>	<u>Norelis Saldaña</u>	<u>Elsa Berrios</u>
<u>Jesus M Reina</u>	<u>Michael Diaz</u>	<u>Elisama Velazquez</u>
<u>Roque Lebron</u>	<u>Nelson Ortiz</u>	<u>Esther Aleman</u>
<u>Boanerges Garcia</u>	<u>Elba Santana</u>	<u>Holly L MillerShank</u>
<u>Barbara T Baylor</u>	<u>Carissa Cruz</u>	<u>Miriam Alicea</u>
<u>Carmen S Albino</u>	<u>Pedro Cepeda</u>	<u>Olga M Castro</u>

State of _____ SS: _____
County of _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

José R. Feliciano Sepúlveda
Executive Director

Juan L. De La Rosa Medina
Administrative Director

off # 1215

Subscribed and sworn to before me this 2 day of April 2018, by José R. Feliciano Sepúlveda and Juan L. De La Rosa Medina, who are personally known.

Notary Public

- a. Is this an original filing? Yes [X] No []
- b. If no,
1. State the amendment number _____
 2. Date filed _____ 04/02/2018
 3. Number of pages attached _____



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	225,000		225,000	225,000
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 938,650 , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$, Schedule DA)	938,650		938,650	901,870
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	9,840	9,840	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,173,490	9,840	1,163,650	1,126,870
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	4,790		4,790	5,002
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	241,587	13,615	227,972	249,342
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)	9,952	9,952	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	204,521		204,521	73,810
24. Health care (\$ 0) and other amounts receivable			0	4,264
25. Aggregate write-ins for other than invested assets	2,620	0	2,620	42
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,636,960	33,407	1,603,553	1,459,330
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	1,636,960	33,407	1,603,553	1,459,330
DETAILS OF WRITE-INS				
1101. Prepaid expenses	9,840	9,840	0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	9,840	9,840	0	0
2501. PCORI Fee Receivable	2,620		2,620	42
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,620	0	2,620	42

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	214,677		214,677	228,200
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	14,942		14,942	40,670
9. General expenses due or accrued	102,743		102,743	84,809
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ companies)			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	600,000	0	600,000	600,000
24. Total liabilities (Lines 1 to 23)	932,362	0	932,362	953,679
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX	25,000	25,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	646,191	480,651
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	671,191	505,651
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,603,553	1,459,330
DETAILS OF WRITE-INS				
2301. State Mandatory Reserve	600,000		600,000	600,000
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	600,000	0	600,000	600,000
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	40,284	41,835
2. Net premium income (including \$ non-health premium income)	XXX	2,478,994	2,635,692
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	1,388	4,061
7. Aggregate write-ins for other non-health revenues	XXX	5,454	5,756
8. Total revenues (Lines 2 to 7)	XXX	2,485,836	2,645,509
Hospital and Medical:			
9. Hospital/medical benefits		1,506,575	1,778,631
10. Other professional services		0	
11. Outside referrals		0	
12. Emergency room and out-of-area		0	
13. Prescription drugs		361,764	417,818
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		0	
16. Subtotal (Lines 9 to 15)	0	1,868,339	2,196,449
Less:			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	0	1,868,339	2,196,449
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 0 cost containment expenses		0	0
21. General administrative expenses		470,896	455,013
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	2,339,235	2,651,462
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	146,601	(5,953)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		8,323	8,569
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Lines 25 plus 26)	0	8,323	8,569
28. Net gain or (loss) from agents' or premium balances charged off ((amount recovered \$) (amount charged off \$))			
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	154,924	2,616
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	154,924	2,616
DETAILS OF WRITE-INS			
0601. Pharmacy rebates	XXX	1,388	4,061
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	1,388	4,061
0701. Miscellaneous Income	XXX	5,454	5,756
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	5,454	5,756
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	505,651	520,530
34. Net income or (loss) from Line 32	154,924	2,616
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	7,616	(20,495)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	3,000	3,000
48. Net change in capital and surplus (Lines 34 to 47)	165,540	(14,879)
49. Capital and surplus end of reporting period (Line 33 plus 48)	671,191	505,651
DETAILS OF WRITE-INS		
4701. Adjustment necessary to reconcile net assets to net liabilities and capital	3,000	3,000
4702. Accrued interest on surplus note (since note originated in 1984)		0
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	3,000	3,000

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,486,266	2,552,747
2. Net investment income	8,535	8,531
3. Miscellaneous income	6,842	9,817
4. Total (Lines 1 through 3)	2,501,643	2,571,095
5. Benefit and loss related payments	1,881,862	2,085,794
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	452,962	444,915
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	(37,462)
10. Total (Lines 5 through 9)	2,334,824	2,493,247
11. Net cash from operations (Line 4 minus Line 10)	166,819	77,848
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(130,039)	(26,366)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(130,039)	(26,366)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	36,780	51,482
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	901,870	850,388
19.2 End of year (Line 18 plus Line 19.1)	938,650	901,870

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	2,478,994		23,430							
2. Change in unearned premium reserves and reserve for rate credit	0	2,455,564								
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	1,388	1,388	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	5,454	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,454
7. Total revenues (Lines 1 to 6)	2,485,836	2,456,952	23,430	0	0	0	0	0	XXX	5,454
8. Hospital/medical benefits	1,506,575	1,468,882	17,683							
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	361,764	361,764	0	0	0	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	1,868,339	1,650,656	17,683	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	1,868,339	1,650,656	17,683	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses	0									
20. General administrative expenses	470,896	466,289	4,607							
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,339,235	2,316,945	22,290	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	146,601	140,007	1,140	0	0	0	0	0	0	5,454
DETAILS OF WRITE-INS										
0501. Pharmaceutical Rebates	1,388	1,388								XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	1,388	1,388	0	0	0	0	0	0	0	XXX
0601. Miscellaneous Income	5,454	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,454
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	5,454	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,454
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	2,455,564			2,455,564
2. Medicare Supplement	23,430			23,430
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	2,478,994	0	0	2,478,994
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	2,478,994	0	0	2,478,994

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RECIBIDO OFICINA
COMISIONADO DE SEGUROS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,962,031	1,944,216	17,815							
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	1,962,031	1,944,216	17,815	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	214,677	212,024	2,653	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	214,677	212,024	2,653	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	228,200	225,532	2,668	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	228,200	225,532	2,668	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	1,948,508	1,930,708	17,800	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	1,948,508	1,930,708	17,800	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	226,826	224,334	2,492							
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	226,826	224,334	2,492	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	68,020	67,859	161							
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	68,020	67,859	161	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	(80,169)	(80,169)								
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	(80,169)	(80,169)	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	214,677	212,024	2,653	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	214,677	212,024	2,653	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	145,748	1,798,468	79,784	132,240	225,532	225,532
2. Medicare Supplement	176	17,639	2,492	161	2,668	2,668
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health				0	0	0
9. Health subtotal (Lines 1 to 8)	145,924	1,816,107	82,276	132,401	228,200	228,200
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9 - 10 + 11 + 12)	145,924	1,816,107	82,276	132,401	228,200	228,200

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		0	9,369	9,369	9,369	9,369
2. 2013				2,309	2,309	2,309
3. 2014			2,078	2,078	2,078	2,078
4. 2015			XXX	1,650	1,650	1,650
5. 2016			XXX	XXX	2,068	2,068
6. 2017			XXX	XXX	XXX	1,944

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		0	4,664	4,664	4,664	4,664
2. 2013			2,244	2,244	2,244	2,244
3. 2014			2,045	2,045	2,045	2,045
4. 2015			XXX	1,661	1,661	1,661
5. 2016			XXX	XXX	2,178	2,178
6. 2017			XXX	XXX	XXX	1,850

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013		2,538	2,309	0	0.0	2,309	91.0	70	0	2,379	93.7
2. 2014		2,412	2,078	0	0.0	2,078	86.2	0	0	2,078	86.2
3. 2015		1,885	1,650	0	0.0	1,650	87.5	0	0	1,650	87.5
4. 2016		2,611	2,067	0	0.0	2,067	79.2	0	0	2,067	79.2
5. 2017		2,456	1,944	0	0.0	1,944	79.2	143	(80)	2,007	81.7

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		0	185	185	185	185
2. 2013				53	53	53
3. 2014		XXX		35	35	35
4. 2015		XXX	XXX	18	18	18
5. 2016		XXX	XXX	XXX	18	18
6. 2017		XXX	XXX	XXX	XXX	18

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		0	192	192	192	192
2. 2013			51	51	51	51
3. 2014		XXX	40	40	40	40
4. 2015		XXX	XXX	24	24	24
5. 2016		XXX	XXX	XXX	18	18
6. 2017		XXX	XXX	XXX	XXX	18

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013		80	53	0	0.0	53	66.3	1	0	54	67.5
2. 2014		57	35	0	0.0	35	61.4	1	0	36	63.2
3. 2015		21	18	0	0.0	18	85.7	1	0	19	90.5
4. 2016		25	18	0	0.0	18	72.0	0	0	18	72.0
5. 2017		23	18	0	0.0	18	78.3	1	0	19	82.6

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior				9,554	9,554	9,554
2. 2013		0				2,362
3. 2014				2,113	2,113	1,668
4. 2015		XXX	XXX	XXX	XXX	XXX
5. 2016		XXX	XXX	XXX	XXX	XXX
6. 2017		XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior				4,856	4,856	4,856
2. 2013		0				2,295
3. 2014				2,085	2,085	1,685
4. 2015		XXX	XXX	XXX	XXX	XXX
5. 2016		XXX	XXX	XXX	XXX	XXX
6. 2017		XXX	XXX	XXX	XXX	XXX

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013		2,618	2,362	0	0.0	2,362	90.2	71	0	2,433	92.9
2. 2014		2,469	2,113	0	0.0	2,113	85.6	1	0	2,114	85.6
3. 2015		1,906	1,668	0	0.0	1,668	87.5	1	0	1,669	87.6
4. 2016		2,636	2,085	0	0.0	2,085	79.1	0	0	2,085	79.1
5. 2017		2,479	1,962	0	0.0	1,962	79.1	144	(80)	2,026	81.7

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0508. Summary of remaining write-ins for Line 5 from overflow page									
0509. Totals (Lines 0501 thru 0503 plus 0508) (Line 5 above)									
1101.									
1102.									
1103.									
1108. Summary of remaining write-ins for Line 11 from overflow page									
1109. Totals (Lines 1101 thru 1103 plus 1108) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)			24,000		24,000
2. Salary, wages and other benefits			146,814		146,814
3. Commissions (less \$ ceded plus \$ assumed)					0
4. Legal fees and expenses			752		752
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			127,908		127,908
7. Traveling expenses					0
8. Marketing and advertising			4,545		4,545
9. Postage, express and telephone			7,858		7,858
10. Printing and office supplies			3,653		3,653
11. Occupancy, depreciation and amortization			4,675		4,675
12. Equipment			246		246
13. Cost or depreciation of EDP equipment and software			6,703		6,703
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			34,750		34,750
17. Collection and bank service charges			12,939		12,939
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			4,493		4,493
23.2 State premium taxes			24,790		24,790
23.3 Regulatory authority licenses and fees			5,000		5,000
23.4 Payroll taxes			13,005		13,005
23.5 Other (excluding federal income and real estate taxes)			4,686		4,686
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	44,079	0	44,079
26. Total expenses incurred (Lines 1 to 25)	0	0	470,896	0	(a) 470,896
27. Less expenses unpaid December 31, current year			102,743		102,743
28. Add expenses unpaid December 31, prior year			84,809		84,809
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	452,962	0	452,962
DETAILS OF WRITE-INS					
2501. Bad Debts			33,770		33,770
2502. Maintenance			624		624
2503. Electronic Filing Fees			295		295
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	9,390	0	9,390
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	44,079	0	44,079

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U.S. government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 3,375	3,155
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 5,162	5,168
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	8,537	8,323
11. Investment expenses		(g) 0
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		8,323
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans		0	0	0	0
4. Real estate		0	0		0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0		
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	9,840	9,086	(754)
12. Subtotals, cash and invested assets (Lines 1 to 11)	9,840	9,086	(754)
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	13,615	25,245	11,630
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets	9,952	6,692	(3,260)
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	33,407	41,023	7,616
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	33,407	41,023	7,616
DETAILS OF WRITE-INS			
1101. PREPAID EXPENSES	9,840	9,086	(754)
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	9,840	9,086	(754)
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1	2	3	4	5	Current Year Member Months
		Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	
1.	Health Maintenance Organizations	3,486	3,391	3,401	3,365	3,271	40,284
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
7.	Total	3,486	3,391	3,401	3,365	3,271	40,284
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

Ryder Health Plan, Inc.
Notes to Statutory-Basis Financial Statement
For the Period Ended December 31, 2017

Note 1 - Summary of Significant Accounting Policies

- A. The accompanying statutory basis financial statement has been completed in accordance with the Accounting Practices and Procedures Manual. Such practices make a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP).

Reconciliation of the Company's net income and capital & surplus between NAIC SAP and the state of PR is shown below.

NET INCOME

		2017	2016	State
01. Ryder Health Plan, Inc. state basis	\$	154,924	2,616	PR
02. State Prescribed Practices that increase/(decrease) NAIC SAP:	NONE			
03. State Permitted Practices that increase/(decrease) NAIC SAP:	NONE			
04. NAIC SAP	\$	154,924	2,616	PR

SURPLUS

		2017	2016	State
05. Ryder Health Plan, Inc. state basis	\$	671,191	505,651	PR
06. State Prescribed Practices that increase/(decrease) NAIC SAP:	NONE			
07. State Permitted Practices that increase/(decrease) NAIC SAP:	NONE			
08. NAIC SAP		671,191	505,651	PR

- B. The preparation of financial statements in conformity the Annual Statement Instructions and Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the amounts reported in the financial statements.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

C. Accounting policies

Health Plan premiums are due monthly and are recognized as revenue during the period in which the Plan is obligated to provide services to the members. Investment income is recognized monthly as the investments mature.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated using the cost method. They consist of three certificates of deposit of \$346,080, \$300,000, and \$75,000, which maturity dates fall within a year or less. These are presented as cash. The changes that may occur would be on interest rates at maturity date. Interest accrued on the certificate of deposit of \$346,080 is capitalized at maturity.
2. SSAP No. 26 – Bonds requires long-term certificates of deposit (\$225,000) to be presented as bonds in the Annual Statement. These are stated at cost, the principal amount is fixed and untouched. The changes that may occur would be on interest rates at maturity date.
3. The company does not have common stocks.
4. The company does not have preferred stocks.
5. The company does not have mortgage loans.
6. The company does not have loan-backed securities.
7. The company does not have subsidiaries or controlled entities. Neither has it any investments in affiliated entities.
8. The company does not have any investments in joint ventures, partnerships or limited liability companies.
9. The company does not have derivatives.
10. The company does not utilize an anticipated investment income as a factor in the premium deficiency calculation.
11. The company records allowed claims as liability at the date they are received. Claim liability for services rendered prior to year-end is reported as "Incurred But Not Reported" and the amount is estimated using the average of prior year's claims received after year-end during the last two years.
12. There have been no changes to the capitalization policy from the prior period.
13. Pharmaceutical rebate receivables are estimated using the average of actual pharmaceutical rebates received during the last two years.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

Additional information:

The long-term certificates of deposit of \$225,000 and the short-term ones of \$300,000 and \$75,000 are restricted mandatorily by the state. The total of the restricted deposit is \$600,000.

Detail of investments:

Bank	Interest rate	Amount	Maturity
Banco Popular de Puerto Rico	0.65%	\$ 346,080	1 year
Oriental Group	0.85%	300,000	1 year
Oriental Group	0.50%	75,000	1 year
Oriental Group	0.95%	75,000	3 years
Oriental Group	0.95%	75,000	3 years
Oriental Group	0.95%	75,000	3 years

Note 2 – Accounting Changes and Correction of Errors

- Not applicable.

Note 3 – Business Combinations and Goodwill

- Not applicable.

Note 4 – Discontinued Operations

- Not applicable.

Note 5 – Investments

- Mortgage Loans, including Mezzanine Real Estate Loans
Not applicable. The company does not have mortgage or real estate loans.
- Debt Restructuring
Not applicable. The company does not have restructured debts.
- Reverse Mortgages
Not applicable. The company does not have reverse mortgages.
- Loan-Backed Securities
Not applicable. The company does not have loan-backed securities.
- Repurchase Agreements and/or Securities Lending Transactions
Not applicable. The company does not have repurchase agreements or securities lending transactions.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

F. Real Estate

Not applicable. The company does not have investments in real estate.

G. Investments in low-income tax credits (LIHTC)

Not applicable. The company does not have investments in low-income tax credits.

H. Restricted Assets

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase / (Decrease)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i. On deposit with states	\$ 600,000	\$ 600,000	-	\$ 600,000	36.653%	37.417%
j. On deposit with other regulatory bodies						
k. Pledged as collateral not captured in other category						
l. Other restricted assets						
m. Total Restricted Assets	\$ 600,000	\$ 600,000	-	\$ 600,000	36.653%	37.417%

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

- Not applicable.

Note 7 – Investment Income

- All investment due and accrued with amounts that are over 90 days past due are excluded from surplus.

Note 8 – Derivative Instruments

- Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

Note 9 – Income taxes

- Not applicable. The Plan is a not-for-profit organization under the laws of the Commonwealth of Puerto Rico and enjoys tax exemption on income, property, municipal and excise taxes under Chapter 10, Section 1101, of the Puerto Rico Internal Revenue Code of 2011, as amended. Also, the Plan is a tax exempt entity under Section 501 (c) 3 of the U.S. Internal Revenue Code.

Note 10 – Information Concerning Parents, Subsidiaries, Affiliates and Other Related Parties

- A. Ryder Health Plan, Inc. is affiliated to Ryder Memorial Hospital, Inc., among other, by common ownership and management.
- B. The Hospital provides hospitalization and medical services to the Plan's subscribers based on a capitation rate of \$45 per month as per a Provider Services Agreement entered by the parties. In addition, the Plan provides medical insurance coverage to certain Hospital's employees and other from various affiliated companies. There have been no assets receipts or transfers between affiliates and the reporting entity.
- C. During 2017, the Plan paid the Hospital \$1,717,470 for hospital and medical services.
- D. The company has a surplus note payable to Ryder Memorial Hospital, Inc. (parent). Full information on this note payable is disclosed further in Note 13.
- E. There are no guarantees or undertakings between affiliates and the reporting entity.
- F. There is no material management, service contracts or cost-sharing arrangements between affiliates and the reporting entity.
- G. The reporting entity and affiliates are nonprofit entities that belong to the community and are controlled by a Board of Directors; there is not a specific owner.
- H. Neither the reporting entity nor affiliates offer any shares or securities in the market.
- I. The reporting entity does not have investments in SCA entities.
- J. The reporting entity does not have investments in impaired SCA entities.
- K. The reporting entity does not have foreign insurance subsidiaries.
- L. The reporting entity does not have any downstream holding company.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

Note 11 – Debt

- Not applicable.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

- Not applicable.

Note 13 – Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

1. Not applicable. The company does not offer any kind of shares in the market.
2. Not applicable. The company does not pay dividends.
3. Not applicable. The company does not pay dividends.
4. Not applicable. The company does not pay dividends.
5. Not applicable. The company does not pay dividends.
6. Not applicable. There is no restriction placed on unassigned funds.
7. Not applicable. There have been no advances to surplus.
8. Not applicable. The company does not offer any kind of shares.
9. Not applicable. There have been no changes to any special surplus funds.
10. Not applicable. The company does not have cumulative unrealized gains or losses.
11. The company issued the following surplus note:

Date Issued	Interest Rate	Par Value (Face amount of note)	Carrying Value of note	Interest and/or Principal paid Current Year	Total Interest and/or Principal paid	Unapproved Interest and/or Principal	Date of Maturity
1984	12%	\$50,000.00	\$25,000.00	\$0	\$143,943	\$104,443	N/A

- a. The surplus note was issued in 1984.
- b. The asset received was cash only.
- c. The holder of the note is Ryder Memorial Hospital, Inc. (parent).

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

- d. Face amount of the note is \$50,000.
- e. Carrying value of the note is \$25,000.
- f. Interest accrues at 12% APY.
- g. The note has no maturity date and there is not an established calendar for repayments.
- h. Unapproved interest and principal: \$104,443.
- i. Payment during 2017: principal (\$0) and interest (\$0).
- j. Total interest and principal paid on surplus note: \$143,943.
- k. The company does not have any shareholders. The parent is a non-priority creditor to the company.
- l. There is no liquidation preference in terms of shareholders because the company does not offer any shares.
- m. Payments conditions and restrictions consist on giving the Office of the Insurance Commissioner of Puerto Rico (OCI) a written notice, at least sixty (60) days before the intended date to make a repayment. Then, the OCI evaluates the company's financial condition in order to approve or disapprove the repayment. The company cannot make any repayments without the OCI authorization.
- n. No other affiliate holds any portion of this surplus note.

Note 14 – Liabilities, Contingencies and Assessments

- A. Contingent Commitments
Not applicable.
- B. Assessments
Not applicable.
- C. Gain Contingencies
Not applicable.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

E. All Other Contingencies

The company has an administrative proceeding before the Puerto Rico Industrial Commission in which the State Insurance Fund Corporation is claiming the company the payment of approximately \$196,000 related to insurance premiums on professional services provided by various physicians of the health plan. Management and its legal counsel believe that the claim of the State Insurance Fund Corporation does not have merits and it is being defended vigorously. The accompanying financial statements do not include any provision in relation with this matter.

Note 15 – Leases

- Not applicable.

Note 16 – Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risks

The table below summarizes the face amount of the company’s financial instruments with off-balance-sheet risk.

Type of instrument	Assets	Liabilities
Certificates of deposit	\$225,000.00	N/A

These 3 certificates of deposit of \$75,000.00 each are on deposit as part of the state mandatory reserve. The maturity date of these certificates has been every three years and they are renewed at the prevailing interest rate in the market at maturity. These matured on Octobre 27, 2017 and were renewed at an interest rate of 0.95%. The next maturity date will be on October 27, 2020.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

- Not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- Not applicable.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

- Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

Note 20 – Fair Value Measurements

- Not applicable.

Note 21 – Other Items

- Not applicable.

Note 22 – Events Subsequent

- No events have occurred subsequent to the statements of admitted assets, liabilities, and net assets date that would require additional adjustment to or disclosure in the financial statements.

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

No.

2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

No.

Section 2 – Ceded Reinsurance Report – Part A

1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

No.

2. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

reinsurer, exceed the total direct premium collected under the reinsured policies?

No.

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement?

None, if no claims arise.

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

No.

B. Uncollectible reinsurance

1. Not applicable. The company has not written off any reinsurance balances due.

C. Commutation of Ceded Reinsurance

1. Not applicable. The company has not reported in its operations in the current year any amounts as a result of commutation of reinsurance with any company.

Note 24 – Retrospectively Rated Contracts & Contracts Subject to Redetermination

- No adjustments are made to accrue retrospective premiums.
- The company did not have to pay any rebate amounts as the result of the calculations for the Medical Loss Ratio Report of prior year. Calculations for this year have not been made yet.

Note 25 – Change in Incurred Claims and Claim Adjustment Expenses

- The amount of increase of the reserve for incurred, but not reported claims was based on prior years' results of claims received after year-end.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

Note 26 – Intercompany Pooling Arrangements

- Not applicable.

Note 27 – Structured Settlements

- Not applicable.

Note 28 – Health Care Receivables

- The company received a payment of \$1,775 during the last quarter of 2017. Payments totaling \$5,652 were received during this year.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/17	\$ 0	\$ 0	\$ 0	\$ 0	\$1,775
9/30/17	0	0	0	0	1,980
6/30/17	0	0	0	0	1,897
3/31/17	0	0	0	0	0
12/31/16	\$ 2,059	\$ 2,059	\$ 0	\$ 0	\$2,059
9/30/16	\$ 2,002	\$ 2,002	\$ 0	\$ 0	\$ 3,953
6/30/16	0	0	0	0	0
3/31/16	0	0	0	3,798	0
12/31/15	\$ 14,324	\$ 10,013	\$ 0	\$ 0	\$ 5,069
9/30/15	0	0	0	0	0
6/30/15	0	0	0	0	2,934
3/31/15	0	0	0	0	7,668
12/31/14	\$ 23,150	\$ 11,360	\$ 0	\$ 0	\$ 11,790

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

9/30/14	0	0	0	0	0
6/30/14	0	0	0	0	0
3/31/14	0	0	0	0	0
12/31/13	4,028	4,028	4,028	0	0
9/30/13	0	0	0	0	0
6/30/13	0	0	0	0	0
3/31/13	0	0	0	0	0

Note 29 – Participating Policies

- Not applicable.

Note 30 – Premium Deficiency Reserve

- The company does not provide an estimated amount for premium deficiency reserve.

Note 31 – Anticipated Salvage and Subrogation

- The company does not provide an estimated amount for anticipated salvage and subrogation to determine liability for unpaid claims or losses.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES
GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes ☒ No ☐
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes ☒ No ☐ N/A ☐
- 1.3 State Regulating? Puerto Rico
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ☐ No ☒
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 06/19/2014
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 06/19/2014
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/26/2015
- 3.4 By what department or departments?
Office of the Insurance Commissioner of Puerto Rico
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes ☒ No ☐ N/A ☐
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ☒ No ☐ N/A ☐
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes ☐ No ☒
4.12 renewals? Yes ☐ No ☒
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes ☐ No ☒
4.22 renewals? Yes ☐ No ☒
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ☐ No ☒
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes ☐ No ☒
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes ☐ No ☒
- 7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).
- | 1
Nationality | 2
Type of Entity |
|------------------|---------------------|
| | |

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
FPV & Galindez, CPA, PSC, PO Box 364152, San Juan, PR 00936-4152
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Mareb Del Rosario, MAAA, MIAA Condominio Hato Rey Plaza 200 Ave. Jesús T. Piñero Apt. 1F San Juan, PR 00918
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$
- 12.2 If, yes provide explanation:
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.
- Yes [] No [X]

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?
- Yes [X] No []
- Yes [X] No []
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- 22.2 If answer is yes:
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- 20.11 To directors or other officers
- 20.12 To stockholders not officers
- 20.13 Trustees, supreme or grand (Fraternal Only)
- 20.21 To directors or other officers
- 20.22 To stockholders not officers
- 20.23 Trustees, supreme or grand (Fraternal Only)
- 21.21 Rented from others
- 21.22 Borrowed from others
- 21.23 Leased from others
- 21.24 Other
- 22.21 Amount paid as losses or risk adjustment
- 22.22 Amount paid as expenses
- 22.23 Other amounts paid
- Yes [] No [X]
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- Yes [] No [X]
- \$
- \$
- \$
- \$
- Yes [X] No []
- \$ 204,521

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- 24.02 If no, give full and complete information relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] N/A [X]
- \$
- \$
- Yes [] No [] N/A [X]
- Yes [] No [] N/A [X]
- Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes ☒ No ☐

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Placed under option agreements	\$	
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	
		25.27 FHLB Capital Stock	\$	
		25.28 On deposit with states	\$	600,000
		25.29 On deposit with other regulatory bodies	\$	
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	
		25.32 Other	\$	

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐ No ☒

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes ☐ No ☐ N/A ☒

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes ☐ No ☒

27.2 If yes, state the amount thereof at December 31 of the current year.

\$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes ☒ No ☐

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Oriental Bank and Trust	Humacao Plaza Mall Carr. 3 Km. 82.0 Humacao, PR 00791

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes ☐ No ☒

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds			0
30.2 Preferred stocks	0		0
30.3 Totals	0	0	0

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
The Certificates of Deposit are recorded at cost.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5*GI securities? Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for legal expenses, if any?\$ 752

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes ☒ No ☐

1.2

If yes, indicate premium earned on U.S. business only.

\$ 23,430

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 17,683

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 23,430

1.65

Total incurred claims

\$ 17,683

1.66

Number of covered lives

32

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

2.2

Premium Denominator

2,478,994

2,635,692

2.3

Premium Ratio (2.1/2.2)

0.000

0.000

2.4

Reserve Numerator

2.5

Reserve Denominator

214,677

228,200

2.6

Reserve Ratio (2.4/2.5)

0.000

0.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes ☐ No ☒

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes ☒ No ☐

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes ☐ No ☒

5.1

Does the reporting entity have stop-loss reinsurance?

Yes ☒ No ☐

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 100,000

5.32

Medical Only

\$

5.33

Medicare Supplement

\$

5.34

Dental & Vision

\$

5.35

Other Limited Benefit Plan

\$

5.36

Other

\$

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes ☒ No ☐

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

8.2

Number of providers at end of reporting year

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes ☐ No ☒

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months

\$

9.22

Business with rate guarantees over 36 months

\$

28

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$
- 10.22 Amount actually paid for year bonuses \$
- 10.23 Maximum amount payable withholds \$
- 10.24 Amount actually paid for year withholds \$
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
- 11.4 If yes, show the amount required. \$
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Health

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written \$
- 15.2 Total Incurred Claims \$
- 15.3 Number of Covered Lives

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ryder Health Plan, Inc.

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,603,553	1,459,330	1,319,696	1,450,162	1,538,561
2. Total liabilities (Page 3, Line 24)	932,362	953,679	799,166	783,575	824,165
3. Statutory minimum capital and surplus requirement	0	0	0	0	0
4. Total capital and surplus (Page 3, Line 33)	671,191	505,651	520,530	666,587	714,396
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,485,836	2,645,509	1,929,418	2,499,228	2,639,523
6. Total medical and hospital expenses (Line 18)	1,868,339	2,196,449	1,685,339	2,084,850	2,295,086
7. Claims adjustment expenses (Line 20)	0	0	0	0	0
8. Total administrative expenses (Line 21)	470,896	455,013	405,941	389,859	343,006
9. Net underwriting gain (loss) (Line 24)	146,601	(5,953)	(161,862)	24,519	(9,695)
10. Net investment gain (loss) (Line 27)	8,323	8,569	8,775	10,378	11,126
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	154,924	2,616	(153,087)	34,897	1,431
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	166,819	77,848	(92,204)	83,593	57,565
Risk-Based Capital Analysis					
14. Total adjusted capital	671,191	505,651	520,530	666,587	714,396
15. Authorized control level risk-based capital	107,207	106,371	105,925	106,708	754,922
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	3,271	3,486	3,020	3,450	3,873
17. Total members months (Column 6, Line 7)	40,284	41,835	36,140	43,506	46,476
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	75.4	83.3	88.4	84.4	87.7
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	94.4	100.6	109.7	100.2	101.0
23. Total underwriting gain (loss) (Line 24)	5.9	(0.2)	(8.5)	1.0	(0.2)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	228,200	117,545	100,290	129,095	195,969
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	228,200	117,545	100,290	129,095	195,969
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)			0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories										
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
States, etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N						0	
2.	Alaska	AK	N						0	
3.	Arizona	AZ	N						0	
4.	Arkansas	AR	N						0	
5.	California	CA	N						0	
6.	Colorado	CO	N						0	
7.	Connecticut	CT	N						0	
8.	Delaware	DE	N						0	
9.	District of Columbia	DC	N						0	
10.	Florida	FL	N						0	
11.	Georgia	GA	N						0	
12.	Hawaii	HI	N						0	
13.	Idaho	ID	N						0	
14.	Illinois	IL	N						0	
15.	Indiana	IN	N						0	
16.	Iowa	IA	N						0	
17.	Kansas	KS	N						0	
18.	Kentucky	KY	N						0	
19.	Louisiana	LA	N						0	
20.	Maine	ME	N						0	
21.	Maryland	MD	N						0	
22.	Massachusetts	MA	N						0	
23.	Michigan	MI	N						0	
24.	Minnesota	MN	N						0	
25.	Mississippi	MS	N						0	
26.	Missouri	MO	N						0	
27.	Montana	MT	N						0	
28.	Nebraska	NE	N						0	
29.	Nevada	NV	N						0	
30.	New Hampshire	NH	N						0	
31.	New Jersey	NJ	N						0	
32.	New Mexico	NM	N						0	
33.	New York	NY	N						0	
34.	North Carolina	NC	N						0	
35.	North Dakota	ND	N						0	
36.	Ohio	OH	N						0	
37.	Oklahoma	OK	N						0	
38.	Oregon	OR	N						0	
39.	Pennsylvania	PA	N						0	
40.	Rhode Island	RI	N						0	
41.	South Carolina	SC	N						0	
42.	South Dakota	SD	N						0	
43.	Tennessee	TN	N						0	
44.	Texas	TX	N						0	
45.	Utah	UT	N						0	
46.	Vermont	VT	N						0	
47.	Virginia	VA	N						0	
48.	Washington	WA	N						0	
49.	West Virginia	WV	N						0	
50.	Wisconsin	WI	N						0	
51.	Wyoming	WY	N						0	
52.	American Samoa	AS	N						0	
53.	Guam	GU	N						0	
54.	Puerto Rico	PR	L	2,478,994					2,478,994	
55.	U.S. Virgin Islands	VI	N						0	
56.	Northern Mariana Islands	MP	N						0	
57.	Canada	CAN	N						0	
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59.	Subtotal	XXX	2,478,994	0	0	0	0	0	2,478,994	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX							0	
61.	Total (Direct Business)	(a) 1	2,478,994	0	0	0	0	0	2,478,994	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of L responses except for Canada and Other Alien.

ORGANIZATIONAL CHART

